

Dr John O'Moore

Quality Report

126 Upminster Road
Hornchurch
Essex
RM12 6PL

Tel: 01708 440642

Website: www.upminsterbridgesurgery.nhs.uk

Date of inspection visit: 14 August 2017

Date of publication: 11/09/2017

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good



Are services effective?

Good



Summary of findings

Contents

Summary of this inspection

Overall summary	Page 2
The five questions we ask and what we found	3
The six population groups and what we found	4

Detailed findings from this inspection

Our inspection team	5
Background to Dr John O'Moore	5
Why we carried out this inspection	5
How we carried out this inspection	5

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr John O'Moore on 5 May 2016. The overall rating for the practice was good, however the practice was rated requires improvement for providing effective care. The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for Dr John O'Moore on our website at www.cqc.org.uk.

This inspection was a desk-based review carried out on 14 August 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 5 May 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

At the inspection on 5 May 2016 we found:

- The exception reporting within four clinical domains was above both local and national averages.

- The practice had undertaken some quality improvement activity but had not completed any two-cycle audits, where the information learnt had been used to improve patient care.
- The practice had a robust strategy and supporting business continuity plan. However, it did not have a business plan.

At the inspection on 14 May 2017 we found improvements had been made. Overall the practice remains rated good. The practice is now rated as good for providing effective care.

Our key findings were as follows:

- Exception reporting rates for some clinical conditions were above average. However, the practice had investigated this and provided an acceptable explanation in this regard.
- Clinical audits demonstrated quality improvement.
- The practice had produced a two year business plan which reflected the vision and values.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services effective?

The practice is rated good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average. Levels of exception reporting for some clinical domains remained above average, however the practice was able to explain and demonstrate acceptable reasons.
- Clinical audits demonstrated quality improvement.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The provider had resolved the concerns for effective at our inspection on 14 August 2017 which applied to everyone using this practice, including this population group. The population group ratings are unaffected by this change and remain rated as before.

Good



People with long term conditions

The provider had resolved the concerns for effective at our inspection on 14 August 2017 which applied to everyone using this practice, including this population group. The population group ratings are unaffected by this change and remain rated as before.

Good



Families, children and young people

The provider had resolved the concerns for effective at our inspection on 14 August 2017 which applied to everyone using this practice, including this population group. The population group ratings are unaffected by this change and remain rated as before.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for effective at our inspection on 14 August 2017 which applied to everyone using this practice, including this population group. The population group ratings are unaffected by this change and remain rated as before.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for effective at our inspection on 14 August 2017 which applied to everyone using this practice, including this population group. The population group ratings are unaffected by this change and remain rated as before.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for effective at our inspection on 14 August 2017 which applied to everyone using this practice, including this population group. The population group ratings are unaffected by this change and remain rated as before.

Good



Dr John O'Moore

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection team consisted of a CQC lead inspector.

Background to Dr John O'Moore

Dr John O'Moore provides primary medical services in Upminster to approximately 3590 patients and is one of fifty-three member practices in the NHS Havering Clinical Commissioning Group (CCG).

The practice population is in the ninth least deprived decile in England with less than CCG and national average representation of income deprived affecting 12% of children (CCG average 20%, national average 20%) and older people. The practice had surveyed the ethnicity of approximately 96% of the practice population and had determined that 93% of patients identified as having white ethnicity, 3% Asian, and 4% black.

The practice operates from a converted shop property with all patient facilities on the ground which is wheelchair accessible. There are offices for administrative and management staff on the ground floor.

The practice operates under a General Medical Services (GMS) contract and provides a number of local and national enhanced services (enhanced services require an increased level of service provision above that which is normally required under the core GP contract). The enhanced services it provides are: Childhood Vaccination and Immunisation Scheme; Extended Hours Access.

The practice team at the surgery is made up of one full-time male GP principal along with two part-time female salaried GPs. The doctors provide 11 clinical sessions per week. The nursing team consists of one part-time female nurse prescriber working a whole time equivalent (WTE) of 0.6 of full-time, and one part-time female practice nurse, who is also the part-time practice manager (WTE 1.0). There are 4 administrative, clerical and staff reception staff working between them a WTE of 2 full-time employees.

The practice is open between 8.30am to 1.00pm and 4.00pm to 6.30pm Monday to Friday.

Appointments are available as follows:

Monday 08:40 - 11:00 16:00 - 18:00

Tuesday 08:40 - 11:00 16:00 - 18:00

Wednesday 08:40 - 11:00 16:00 - 18:00

Thursday 08:40 - 11:00 closed

Friday 08:40 - 11:00 16:00 - 18:00

Extended surgery hours were from 6.30pm to 8.00pm on Mondays. Extended hours nurse appointments were available from 6.00pm to 7.45pm on Mondays.

The practice does not open at weekends.

The practice has opted out of providing out of hours (OOH) services. It directs patients to the OOH provider for NHS Havering CCG.

Dr John O'Moore is registered as a sole principal with the Care Quality Commission to provide the regulated activities of treatment of disease, disorder or injury; diagnostic and screening procedures and maternity and midwifery services.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Dr John O'Moore on 5 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall, however it was rated requires improvement for providing effective care. The full comprehensive report following the inspection on 5 May 2017 can be found by selecting the 'all reports' link for Dr John O'Moore on our website at www.cqc.org.uk.

We undertook a follow up desk-based focused inspection of Dr John O'Moore on 14 August 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

We carried out a desk-based focused inspection of Dr John O'Moore on 14 August 2017. This involved reviewing evidence that:

- The above average rates of exception reporting had improved.
- Clinical audits and re-audits had been carried out as part of a programme of a programme of continuous quality improvement.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 5 May 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of clinical audits needed improving. The practice also had above average rates of exception reporting for some clinical conditions. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

These arrangements had significantly improved when we undertook a follow up inspection on 14 August 2017. The practice is now rated as good for providing effective services.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2015/16) were 97% of the total number of points available compared with the clinical commissioning group (CCG) average of 92% and national average of 95%. The overall rate of exception reporting was 5% which was below the CCG average of 11% and the national average of 10%.

At the previous inspection on 5 May 2016 we found exception reporting rates for atrial fibrillation, peripheral arterial disease, cancer and depression were above average.

- 20% of patients with atrial fibrillation were excepted compared to the CCG average of 12% and the national average of 11%.
- 20% of patients with peripheral arterial disease were excepted (CCG 7%, National 6%).
- 27% of patients with cancer were excepted (CCG 10%, National 15%).
- 31% of patients with depression were excepted (CCG 20%, National 25%).

At the inspection on 14 May 2016 we found there was some improvement in relation to cancer where rates of exception reporting were now in line with local and national averages. Exception reporting rates for the other three domains remained above average. The most recent published averages of exception reporting for those clinical domains were as follows:

- 18% of patients with atrial fibrillation were excepted (CCG 8%, national 7%).
- 16% of patients with peripheral arterial disease were excepted (CCG 7%, national 6%).
- 27% of patients with cancer were excepted (CCG 26%, national 25%).
- 32% of patients with depression were excepted (CCG 23%, national 22%).

We raised this with the practice who reviewed their records and told us the following, supported by documentary evidence:

- In relation to exception reporting for atrial fibrillation, the majority of the patients excepted (18 out of 19 excepted) related to anticoagulant contraindications. (A contraindication is a specific situation in which a drug, procedure, or surgery should not be used because it may be harmful to the person). The practice reviewed patients as they came in for their annual reviews to ensure that they still had anti-coagulant contraindications.
- In relation to peripheral arterial disease, the provider said there were six patients that were excepted due to contraindications to salicylates or clopidogrel (antiplatelet medication to reduce the risk of blood clots). The practice reviewed patients as they came in for their annual reviews to ensure that they still had salicylate or clopidogrel contraindications.
- In relation to cancer, exception reporting was now in line with the local and national averages.
- In relation to depression there were nine patients that were excepted and those related to the date of the diagnosis, that is, the clinical computer system automatically exception report them due to the fact that had registered with the practice within 3 months of the QOF year-end date.

Are services effective?

(for example, treatment is effective)

These issues had not been investigated by the practice at the previous inspection. The reasons provided for exception reporting were in line with the NHS agreed criteria.

There was evidence of quality improvement including clinical audit:

- There had been four clinical audits commenced in the last year, one of these was a completed audit where the improvements made were implemented and monitored. Two of the remaining audits were planned two cycle audits where the first cycle was underway and plans were in place to repeat them by the end of 2017.
- Findings were used by the practice to improve services. For example, an audit of new oral anticoagulant drugs (NOACs) monitoring compliance was carried out in May and July 2017. NOACs are for the management of patients with Atrial Fibrillation (irregular heart beat). The aim of the audit was to ensure that all patients on

NOACs had the required monitoring done. The first cycle of the audit was carried out in May 2017. Thirty seven affected patients were identified and the results showed that a number of patients were not having all the blood testing they required whilst on those medications. For example in relation to one particular NOAC, it was discovered that 35% had undergone a full blood count. The practice set up searches for these medications and it was agreed that a re-audit would be undertaken after two months to see if there was an improvement in the service.

- The second cycle of the audit was carried out in July 2017. Forty affected patients were identified. The results showed there had been an overall improvement in the number of patients being adequately monitored. For example with reference to the same NOAC as referred to above, 62% had now undergone a full blood count.